

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled SUBSTRATES FOR ISOLATING, REACTING AND MICROSCOPICALLY ANALYZING MATERIALS, the specification of which:

- ☐ is attached hereto.
☐ was filed on _____ as Application Serial No. _____ and was amended on _____
☒ was described and claimed in PCT International Application No. PCT/US2003/025685 filed on August 18, 2003 and as amended under PCT Article 19 on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, §119(e)(1) of any United States provisional application(s) listed below:

<u>U.S. Serial No.</u>	<u>Filing Date</u>	<u>Status</u>
60/404,237	August 16, 2002	Expired
60/430,299	December 2, 2002	Expired
60/476,512	June 6, 2003	Expired

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

John N. Williams, Reg. No. 18,948
 James W. Babineau, Reg. No. 42,276
 J. Peter Fasse, Reg. No. 32,983

Timothy A. French, Reg. No. 30,175
 John F. Hayden, Reg. No. 37,640

Direct all telephone calls to JOHN N. WILLIAMS at telephone number (617) 542-5070.

Direct all correspondence to the following:

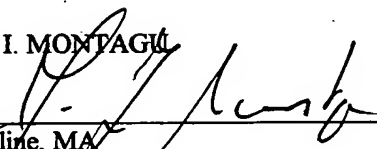
26161
PTO Customer Number

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Combined Declaration and Power of Attorney

Page 2 of 2 Pages


Full Name of Inventor: JEAN I. MONTAGNI

Inventor's Signature: 

Date: 10/24/05

Residence Address: Brookline, MA
Citizenship: United States
Post Office Address: 76 Walnut Place
Brookline, MA 02445

Full Name of Inventor: ROGER DOWD

Inventor's Signature: 

Date: 10/24/05

Residence Address: Natick, MA
Citizenship: United States
Post Office Address: 20 Franconia Avenue
Natick, MA 01760

Full Name of Inventor: DAVID ROOT

Inventor's Signature: _____

Date: _____

Residence Address: Westford, MA
Citizenship: United States
Post Office Address: 5 Grassy Lane
Westford, MA 01886

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled SUBSTRATES FOR ISOLATING, REACTING AND MICROSCOPICALLY ANALYZING MATERIALS, the specification of which:

- ☐ is attached hereto.
☐ was filed on _____ as Application Serial No. _____ and was amended on _____.
☒ was described and claimed in PCT International Application No. PCT/US2003/025685 filed on August 18, 2003 and as amended under PCT Article 19 on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, §119(e)(1) of any United States provisional application(s) listed below:

<u>U.S. Serial No.</u>	<u>Filing Date</u>	<u>Status</u>
60/404,237	August 16, 2002	Expired
60/430,299	December 2, 2002	Expired
60/476,512	June 6, 2003	Expired

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

John N. Williams, Reg. No. 18,948
 James W. Babineau, Reg. No. 42,276
 J. Peter Fasse, Reg. No. 32,983

Timothy A. French, Reg. No. 30,175
 John F. Hayden, Reg. No. 37,640

Direct all telephone calls to JOHN N. WILLIAMS at telephone number (617) 542-5070.

Direct all correspondence to the following:

26161
PTO Customer Number

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Combined Declaration and Power of Attorney

Page 2 of 2 Pages

Full Name of Inventor: JEAN I. MONTAGU

Inventor's Signature: _____ Date: _____
Residence Address: Brookline, MA
Citizenship: United States
Post Office Address: 76 Walnut Place
Brookline, MA 02445

Full Name of Inventor: ROGER DOWD

Inventor's Signature: _____ Date: _____
Residence Address: Natick, MA
Citizenship: United States
Post Office Address: 20 Franconia Avenue
Natick, MA 01760

Full Name of Inventor: DAVID ROOT

Inventor's Signature: David Root Date: 10/25/05
Residence Address: N. Chelmsford, MA
Citizenship: United States
Post Office Address: 2 Harlech Way
N. Chelmsford, MA 01863